

17236 U.S. PTO  
08/05/03

Docket Number H-32310B

FILING BY "EXPRESS MAIL" UNDER 37 CFR 1.10

EX335544805US  
Express Mail Label Number

August 5, 2003  
Date of Deposit

17497 U.S. PTO  
10/634681  
08/05/03

Address to: Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

**UTILITY PATENT APPLICATION TRANSMITTAL AND FEE SHEET**

Transmitted herewith for filing under 37 CFR §1.53(b)(1) is a continuation of prior Application No. 09/355,474, filed April 5, 2000.

Applicant (or identifier): GRIFFITHS ET AL.

Title: RENIBACTERIUM SALMONINARUM VACCINE

Enclosed are:

1.  Specification (Including Claims and Abstract) - 9 pages
2.  Drawings - sheets
3. Declaration and Power of Attorney
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (signed or with indication that original was signed)
    - i.  Deletion of Inventors  
Signed statement attached deleting inventor(s) named in the prior application
4.  Incorporation By Reference  
The entire disclosure of the prior application, from which a copy of the Declaration and Power of Attorney is supplied under Box 3b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
5.  Microfiche Computer Program (appendix)
6. Nucleotide and/or Amino Acid Sequence Submission
  - Computer Readable Copy
  - Paper Copy
  - Statement Verifying Identity of Above Copies
7.  Preliminary Amendment
8.  Assignment Papers (Cover Sheet & Document(s))
9.  English Translation of
10.  Information Disclosure Statement
11.  Certified Copy of Priority Document(s)
12.  Return Receipt Postcard
13.  Other: Revocation and Appointment of Power of Attorney  
Statement of Availability and ATCC Deposit Receipt, *Application Data Sheet*

- The right to elect an invention or species that is different from that elected in parent Application No. 09/355,474 in the event of a restriction or election of species requirement that is identical or substantially similar to that made in said parent application is hereby reserved.

Filing fee calculation:

- Before calculating the filing fee, please enter the enclosed Preliminary Amendment.  
 Before calculating the filing fee, please cancel claims

| Basic Filing Fee                      |                    |              |     |              |              |      | \$ 750 |
|---------------------------------------|--------------------|--------------|-----|--------------|--------------|------|--------|
| Multiple Dependent Claim Fee (\$ 280) |                    |              |     |              |              |      | \$     |
| Foreign Language Surcharge (\$ 900)   |                    |              |     |              |              |      | \$     |
|                                       | For                | Number Filed |     | Number Extra |              | Rate |        |
| Extra Claims                          | Total Claims       | 16           | -20 | 0            | x \$ 18 = \$ |      |        |
|                                       | Independent Claims | 4            | -3  | 1            | x \$ 84 = \$ |      | 84     |
| TOTAL FILING FEE                      |                    |              |     |              |              |      | \$ 834 |

- Please charge Deposit Account No. 19-0134 in the name of Novartis in the amount of \$750. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 19-0134 in the name of Novartis.

Please address all correspondence to the address associated with Customer No. 001095, which is currently:

Thomas Hoxie  
 Novartis  
 Corporate Intellectual Property  
 One Health Plaza, Building 430  
 East Hanover, NJ 07936-1080

Please direct all telephone calls to the undersigned at the number given below and all telefaxes to (973) 781-8064.

Respectfully submitted,



David L. Marks  
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Date: August 5, 2003